PTOYSUIG (08-03)
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as pand to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Mumber 09/930 G/G		
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)								SMALL	ENTITY	OR.	OTHER THAN SMALL ENTITY	
Г	FOR		· MAMBER FILED		NUMB	HUMBER EXTRA		RATE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))					<u> </u>				OR		1
70	TAL CLAIMS						1			1		<u></u>
•-	CFH 1,164 II	ELS .	adnyr, 70 +		• • •		┨	<u> </u>	╂	CH.	7.3	ļ···
(37 CFR 1.16(6))			entinue 3 s .				1.	x s	<u> </u>	OR	× 8	
MULTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 1.16(4))						J	٠٠	<u> </u>	OR	<u> </u>		
" If the difference in column 1 is less than zoro, enter "O" in column 2.								TOTAL	L	O R	TOTAL	
CLAIMS AS AMENDED - PART II												
	(Cotumn 1) (Cotumn 2) (Cotumn 3)							SMALL	ENTITY	OR		R THAN ENTITY
NT.A		CLAI REMAI AFTI AMEND	NING ER		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		BAIE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	DE CHANKIS	2		Manus	21	• 7	1	x 5 •		OR	* 5 *	
ENC	DI CIA I MOD	. 6		Ninus	··· 8	1. /	1	x 5 •		OR	151	
A	FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAM (37 CFR 1,14(d))						1	+,	•	OR	••	
10/3/05 9/8/05						•	TOTAL ADD'S FEE		OR	TOTAL ADOL FEE		
	101	Colum			(Column 2)	(Column 3)						
AMENDMENT B		CLAR REMAIR AFTE AMENDA	ING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (3) CFR 1 (4)(2)	7		Menus	. H	•		x 5•		QR	x \$ •	
	(higheridan)	. 1	8	Minus	()	•		x s •	:	OR	x \$ •	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+;		OR	+;	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											·	
O Z		CLAIR REMAIN AFTE	IS ING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXIRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total "			Atunus		•		× : •		OR	× 1•	
밂	Independent IS CI # 1 M(N)	•		Minus	•••	,		× 1 •		OR	× 3 •	
₹	FIRST PRESENTATION OF AUX TIPLE DEPENDENT CLADA (37 CFR 1.16(01)							+1 .		Q R	4 5	
										OR I	TOTAL APOL FEE	
" if the entry in ophisms 1 is toss than the entry in column 2, write "0" in column 3. " if the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20". " if the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "2".												

The "Nohest Number Previously Paid For" (Total or Independent) is the nightst number found in the appropriate box in column 1, this collection of information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the put-oc which is to the find by the USPIO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 mentals to complete including gathering, preparing, and submitting the completed application form to the USPIO. Time with any depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Oppartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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